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CONFIRMATION NO. 3573

SERIAL NUMBER 10/782,385	FILING DATE 02/18/2004 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. 20050/0200895-USO
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APPLICANTS

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** CONTINUING DATA ***** *mcB*

** FOREIGN APPLICATIONS ***** *mcB*
 JAPAN 2003-040368 02/18/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/17/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>mcB</i> Examiner's Signature Initials	STATE OR COUNTRY JAPAN	SHEETS DRAWING 8	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
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ADDRESS
 07278
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TITLE
 Interlabial pad and individual packaging body for individual package of interlabial pad

FILING FEE RECEIVED 936	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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